

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2015

through

M M M / D D D / Y Y Y Y Y Y
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith M. Graham

Signature of Treasurer

Meredith M. Graham

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 20 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		139414.74
(b) Cash on Hand at Beginning of Reporting Period.....	151642.28	
(c) Total Receipts (from Line 19)	34159.00	47016.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	185801.28	186430.74
7. Total Disbursements (from Line 31)	79.86	709.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	185721.42	185721.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
06 01 2015

To:

M M / D D / Y Y Y Y Y
06 30 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

24421.00

25871.00

(ii) Unitemized

9738.00

21145.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34159.00

47016.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

34159.00

47016.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

34159.00

47016.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

34159.00

47016.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	79.86	709.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	79.86	709.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79.86	709.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79.86	709.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34159.00	47016.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34159.00	47016.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	79.86	709.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	79.86	709.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

FEC ID number of contributing federal political committee.

C

Name of Employer
WomanKind Midwives

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1685.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11309

Amount of Each Receipt this Period

1635.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Jill Alliman

Mailing Address 410 Broad St.

City Sweetwater State TN Zip Code 37874-1735

FEC ID number of contributing federal political committee.

C

Name of Employer
Women's Wellness and Maternity

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11266

Amount of Each Receipt this Period

140.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Susan Altman

Mailing Address 11 Stonywood Dr

City Commack State NY Zip Code 11725-5111

FEC ID number of contributing federal political committee.

C

Name of Employer
Stony Brook Midwifery Practice

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11292

Amount of Each Receipt this Period

380.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Karen A Baldwin

Mailing Address 48 Old Albany Post Rd.

City State Zip Code
Rhinebeck NY 12572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11227

Amount of Each Receipt this Period

200.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Heather Bradford

Mailing Address 527 Kirkland Avenue

City State Zip Code
Kirkland WA 98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth Midwifery Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11288

Amount of Each Receipt this Period

200.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Ginger Breedlove

Mailing Address 13608 W 54th St.

City State Zip Code
Shawnee KS 66216-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11342

Amount of Each Receipt this Period

1000.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary K. Collins

Mailing Address 2089 NW Pine Tree Way

City
Stuart

State
FL

Zip Code
34994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indian River State College

Occupation

Asst. Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11311

Amount of Each Receipt this Period

1000.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Patrick J. Cooney

Mailing Address 8403 Colesville Rd Ste 1550

City

Silver Spring

State

MD

Zip Code

20910-6374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Applicable

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11282

Amount of Each Receipt this Period

500.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

c. Mary Alice DeCoursey

Mailing Address 4439 S Miro St

City

New Orleans

State

LA

Zip Code

70125-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11308

Amount of Each Receipt this Period

295.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1795.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Demma

Mailing Address 2828 Aldrich Ave S
Unit 9

City State Zip Code
Minneapolis MN 55408

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11300

Amount of Each Receipt this Period

645.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11169

Amount of Each Receipt this Period

15.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11170

Amount of Each Receipt this Period

15.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City
Hopewell

State
NJ

Zip Code
08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11171

Amount of Each Receipt this Period

15.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City
Hopewell

State
NJ

Zip Code
08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11172

Amount of Each Receipt this Period

15.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City
Hopewell

State
NJ

Zip Code
08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11173

Amount of Each Receipt this Period

15.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
University of Pennsylvania Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11174

Amount of Each Receipt this Period

15.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
University of Pennsylvania Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11175

Amount of Each Receipt this Period

15.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
University of Pennsylvania Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1385.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11294

Amount of Each Receipt this Period

1080.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laurie Ann Friedman

Mailing Address 33 Essex St.

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Vanguard Medical Associates

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.11286

Amount of Each Receipt this Period

365.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Michelle GrandyMailing Address 4026 224th Street SE
Apt. 7

City

Bothell

State

WA

Zip Code

98021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwives Clinic

Occupation

CNM, ACNM BOD Member

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.11289

Amount of Each Receipt this Period

250.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Adela Griswold

Mailing Address 205 Wilkes St

City

Alexandria

State

VA

Zip Code

22314-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.11313

Amount of Each Receipt this Period

250.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

865.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Shisler Harrod

Mailing Address W1815 Country Road B

City State Zip Code
 Genoa City WI 53128-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11323

Amount of Each Receipt this Period

400.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Denise Henning

Mailing Address PO Box 50099

City State Zip Code
 Fort Myers FL 33994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Network of SW Florida

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11334

Amount of Each Receipt this Period

335.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City State Zip Code
 Tigard OR 97223-5686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11315

Amount of Each Receipt this Period

925.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1660.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laura Jenson

Mailing Address 4208 SE 9th Ave

City

Portland

State

OR

Zip Code

97202-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science Univ

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11329

Amount of Each Receipt this Period

25.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Peter Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jhpiego

Occupation

Director of Nursing & Midwifery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11353

Amount of Each Receipt this Period

610.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Holly Powell Kennedy

Mailing Address 34 Quarry Dock Rd

City

Branford

State

CT

Zip Code

06405-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

Professor of Midwifery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11281

Amount of Each Receipt this Period

1000.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1635.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Pamela Koch

Mailing Address 24 Rutledge Commons

City

Yaphank

State

NY

Zip Code

11980-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Midwifery Practice

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11321

Amount of Each Receipt this Period

330.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Christina Kocis

Mailing Address 39 Summit Street

City

Huntington

State

NY

Zip Code

11743-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Univ. Hospital

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11272

Amount of Each Receipt this Period

1930.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Annemarie Krim

Mailing Address 188 Broad Ave

City

Leonia

State

NJ

Zip Code

07605-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montefiore Medical Group

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11225

Amount of Each Receipt this Period

200.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2460.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Vivian Lowenstein

Mailing Address 1124 Beverly Rd.

City	State	Zip Code
Jerkietown	PA	19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple Univ. Hospital

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.11317

Amount of Each Receipt this Period

200.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Leilani J Mason

Mailing Address 5011 Napoli Dr

City	State	Zip Code
Mount Juliet	TN	37122-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.11276

Amount of Each Receipt this Period

1000.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Goldie Ann McBride

Mailing Address 245 west 1st St.

City	State	Zip Code
West Islip	NY	11795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.11318

Amount of Each Receipt this Period

290.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1490.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Michael M McCann

Mailing Address 1551 Debra Drive

City

Smyrna

State

GA

Zip Code

30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM, ACNM BOD Member

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11265

Amount of Each Receipt this Period

300.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. William McCool

Mailing Address 2942 Rising Sun Rd

City

Ardmore

State

PA

Zip Code

19003-1823

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2015

Transaction ID : SA11Al.11205

Amount of Each Receipt this Period

200.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

c. Mary Kay Miller

Mailing Address 13300 Gulf Blvd Apt C

City

Madeira Beach

State

FL

Zip Code

33708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partners in Women's Health Care

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11Al.11275

Amount of Each Receipt this Period

258.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

758.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Moriarty

Mailing Address 21579 Sunflower Rd

City

Novi

State

MI

Zip Code

48375-5347

FEC ID number of contributing federal political committee.

C

Name of Employer

Detroit Wayne County Health Authority

Occupation

CNM, PhD, CAFCI, RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2505.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : SA11AI.11271

Amount of Each Receipt this Period

2505.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing federal political committee.

C

Name of Employer

The Childbirth Center, LLC

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : SA11AI.11356

Amount of Each Receipt this Period

1000.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : SA11AI.11345

Amount of Each Receipt this Period

203.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3708.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Karen Perdion

Mailing Address 836 W Pennsylvania Avenue
Apt. 117

City State Zip Code
San Diego CA 92103-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of CA, San Diego

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11AI.11359

Amount of Each Receipt this Period

1000.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Anne M Richter

Mailing Address 1422 Arrowhead Cir. W.

City State Zip Code
Clearwater FL 33759-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer
MPH

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11AI.11264

Amount of Each Receipt this Period

200.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Mairi Breen Rothman

Mailing Address 7301 Garland Avenue

City State Zip Code
Takoma Park MD 20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.A.M.A.S. Inc.

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11AI.11357

Amount of Each Receipt this Period

155.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Brielle J Stoyke

Mailing Address 1853 Highland Parkway

City State Zip Code
 Saint Paul MN 55116

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthEast

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11261

Amount of Each Receipt this Period

500.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B. Lisa Summers

Mailing Address 1220 Noyes Dr.

City State Zip Code
 Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11278

Amount of Each Receipt this Period

890.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

C. Kimm J Sun

Mailing Address 244 Fifth Ave
 Apt. S206

City State Zip Code
 New York NY 10001-7604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sunrising Midwifery

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.11352

Amount of Each Receipt this Period

1750.00

June 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Stephanie N Tillman

Mailing Address 1070 W 15th St
Unit 153

City State Zip Code
Chicago IL 60608-1872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale Univ. School of Nursing

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.11337

Amount of Each Receipt this Period

170.00

June 2015 Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

24421.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 02 2015
Transaction ID : SB21B.11375

Amount of Each Disbursement this Period

19.91

Full Name (Last, First, Middle Initial)

B. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
PayPal fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2015
Transaction ID : SB21B.11376

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

79.86

TOTAL This Period (last page this line number only)..... ►

79.86